

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/19/00
O.I.P.E. CLASSIFIER		8	9-26-00
FORMALITY REVIEW	C.Y.C.	10530	10-24-00
RESPONSE FORMALITY REVIEW	M.H.	625	204-11-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	12/15/00
1	✓
2	✓
3	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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